- RCH Camps are also periodically organised at primary health centres for providing integrated services to the rural population, especially women and children, in remote and under-served areas. The scheme, which was started in 101 districts last year, has now been extended to 77 additional districts in the current year.
- The programme for training of traditional birth attendants (Dais), with provision of ldts, has been introduced in 142 districts with a record of less then 30% safe deliveries.
- Resources and skills of the Indian Systems of Medicine are also being utilized in the RCH Programme. Effective Ayurveda and Unani medicines for common ailments of women and children are being supplied to Sub-Centres/institutions in 7 States, in particular.
- Private-public partnership through the NGO movement has been networked in 412 districts.

Diversion of funds under RCH programme

793. SHRI K. RAHMAN KHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the funds allocated by his Ministry under Reproductive and Child Health (RCH) Programme are being diverted for other purposes;

(b) if so, the names of the States from where such diversion has been reported;

(c) the steps taken to check such diversion and misuse of funds; and

(d) the amount allocated to Karnataka under this programme since 1998?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) No, Sir. No such instances of diversion have-come to our notice.

(c) 32 out of the 35 States have created societies at the State level named 'SCOVA' especially for implementation of the Reproductive and Child Health Programme. The accounts of the SCOVA are annually audited by Comptroller and Auditor General (C AG) or C AG empanelled Chartered Accountants. Besides this, periodical reviews and inspection of the SCOVA accounts are made by the Departmental officials. In remaining 3 States namely Karnataka, Tamil Nadu and Maharashtra using the budgetary mechanism, the audit is made by CAG besides the control of State Financial mechanism apply.

(d) The amount allocated under RCH Programme to Karnataka from 1998-99 in both Cash and Kind is as below:

(Rs. in crores)

Year	Cash	Kind	Total
199&-99	183	17.49	2132
1999-2000	4.89	15.88	20.77
2000-2001	16.43	20.78	3721
2001-2002*	4.43	7.11	11.54

*as on 21/11/2001

Deaths dae to expired medicines

794: SHRI K. RAHMAN KHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of deaths reported during the last three years due to use of expired medicines;

(b) the mechanism to check the sale and consumption of expired medicines; and

(c) the steps Government have taken to make the mechanism moreeffective to control the menace?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) There are no such reports available from State Licensing Authorities on the deaths reported due to sale and in take of expired medicines.

(b) and (c) Under the provisions of Drugs and Cosmetics Act, 1940 and Rules made thereunder, State Governments have been empowered to enforce quality of drugs including check on sale of date expired medicines by the chemists and druggists. Rule 65 (17) required that no drugs shall be sold or stocked by the licensee after the date of expiration of potency recorded on its container, label or wrapper or in violation of any statement or direction recorded orf such container, label or wrapper.

The State Drug Control Officers randomly draw samples from manufacturers, tarders and get their quality validated through their Government laboratories. The Central Government has advised the State Government from time to time for speedy testing of drugs of questionable quality. It has also provided assistance to strengthen and augment infrastructure facilities in their laboratories.